

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO **10724952**

FILING DATE **12-1-03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
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42	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL	30					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
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